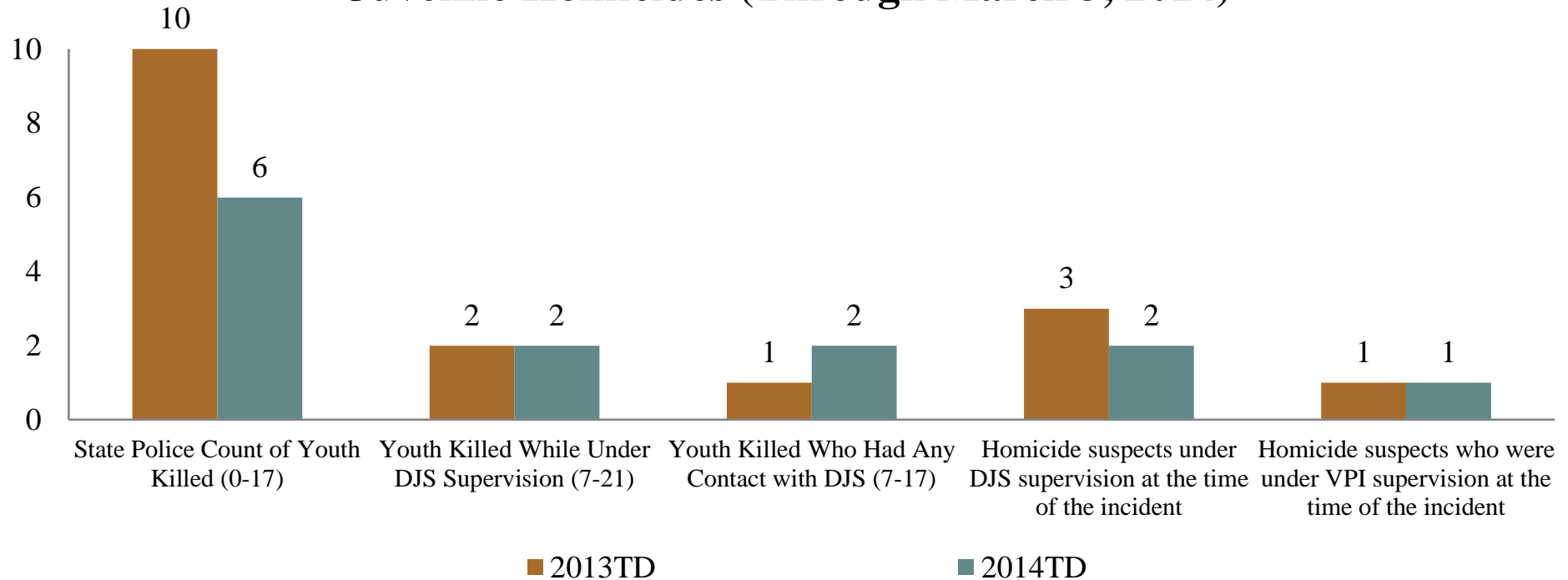


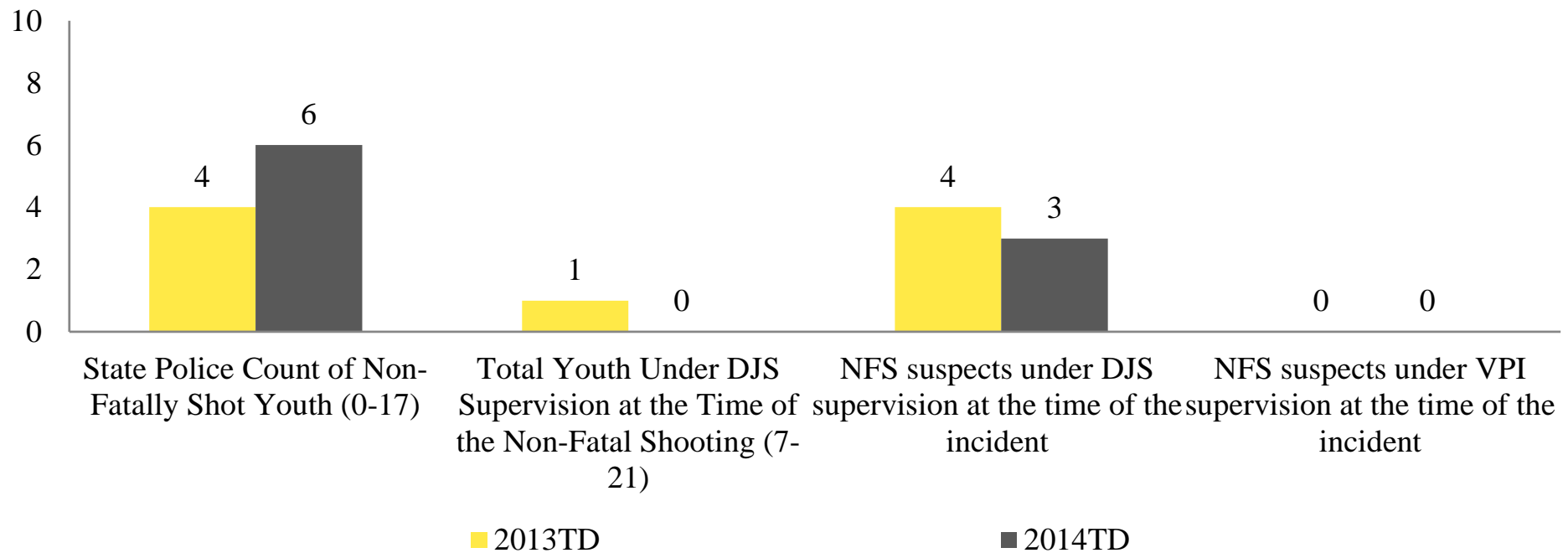


A deadline is the difference between a dream and a goal.

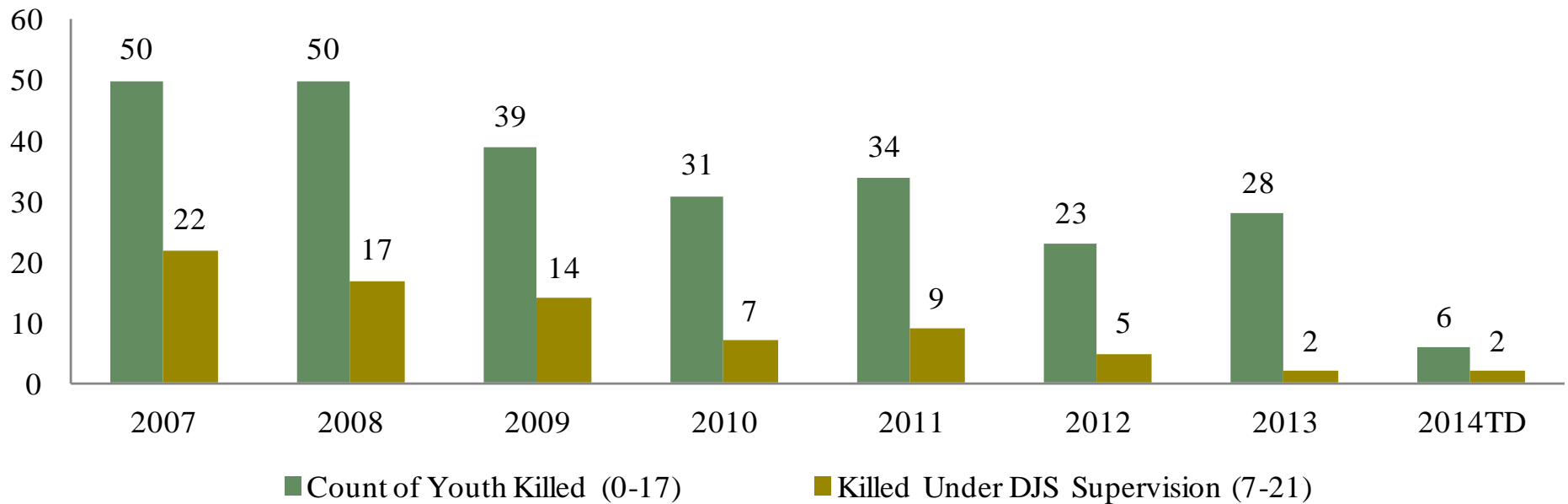
Juvenile Homicides (Through March 3, 2014)



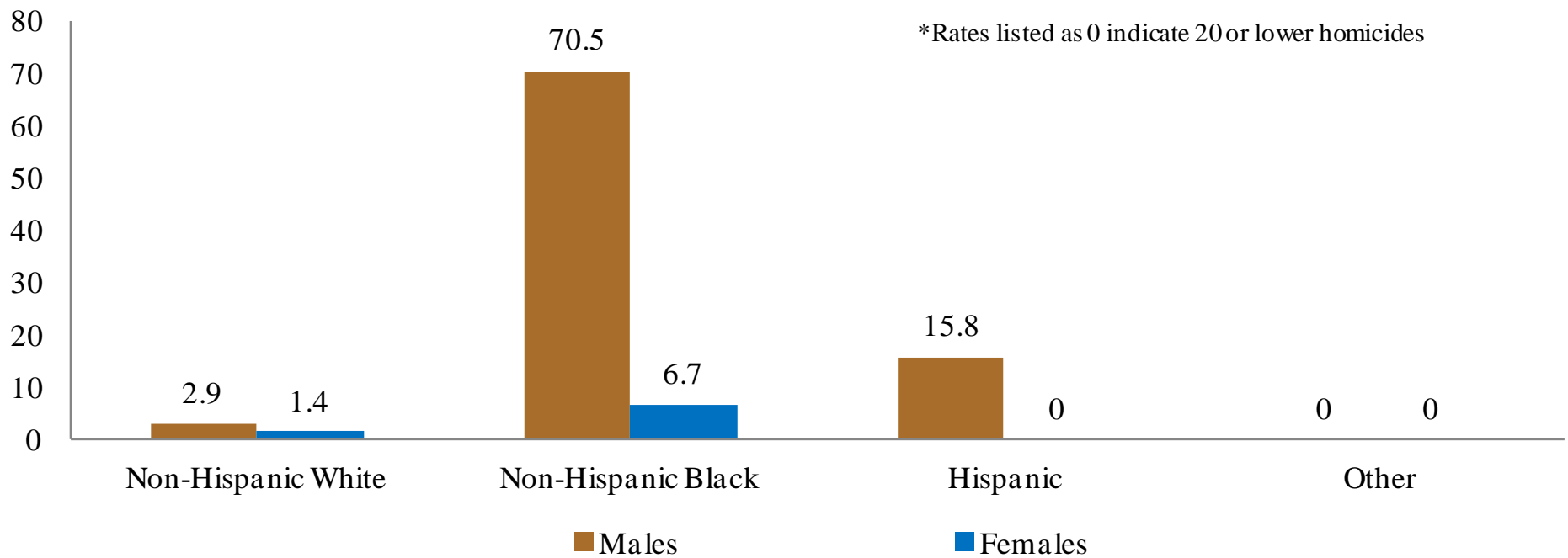
Non-Fatal Shootings (Through March 3, 2014)



Juvenile Homicides, Ages 0-17 and Youth killed Under DJS Supervision, Ages 7-21, CY 2007-2014TD



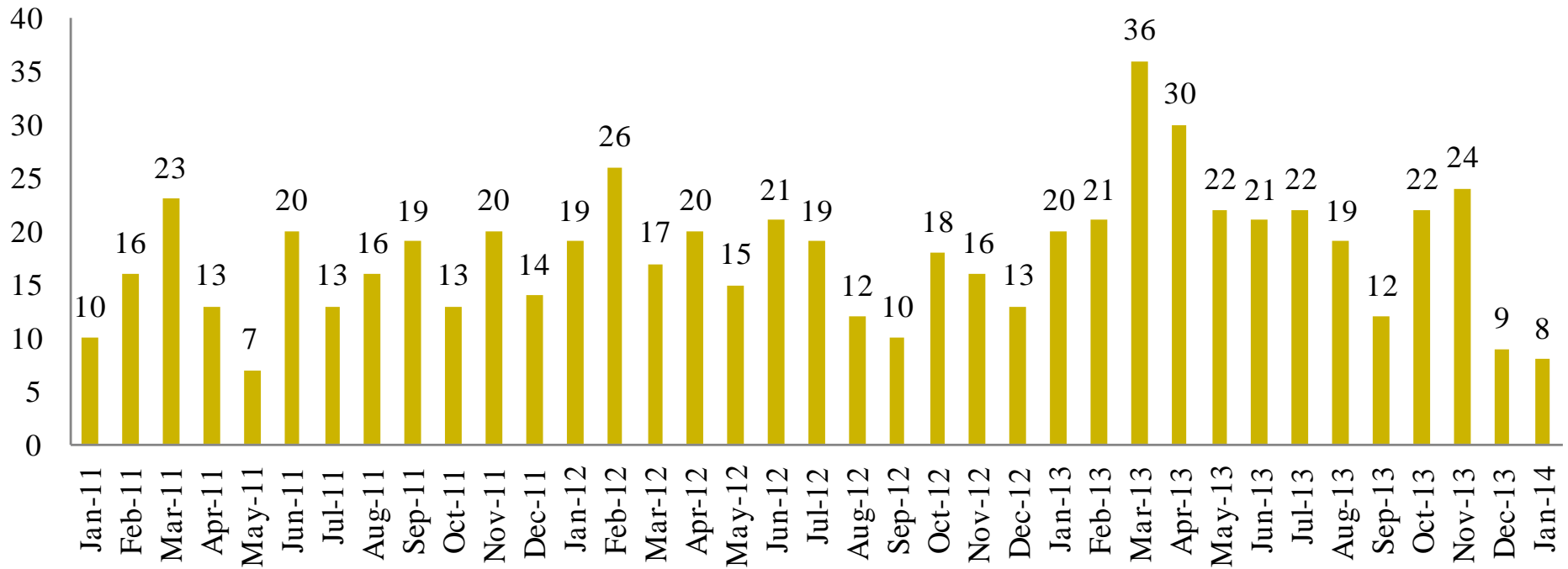
Homicide Rates per 100,000, Ages 10-24, 2006-2010*



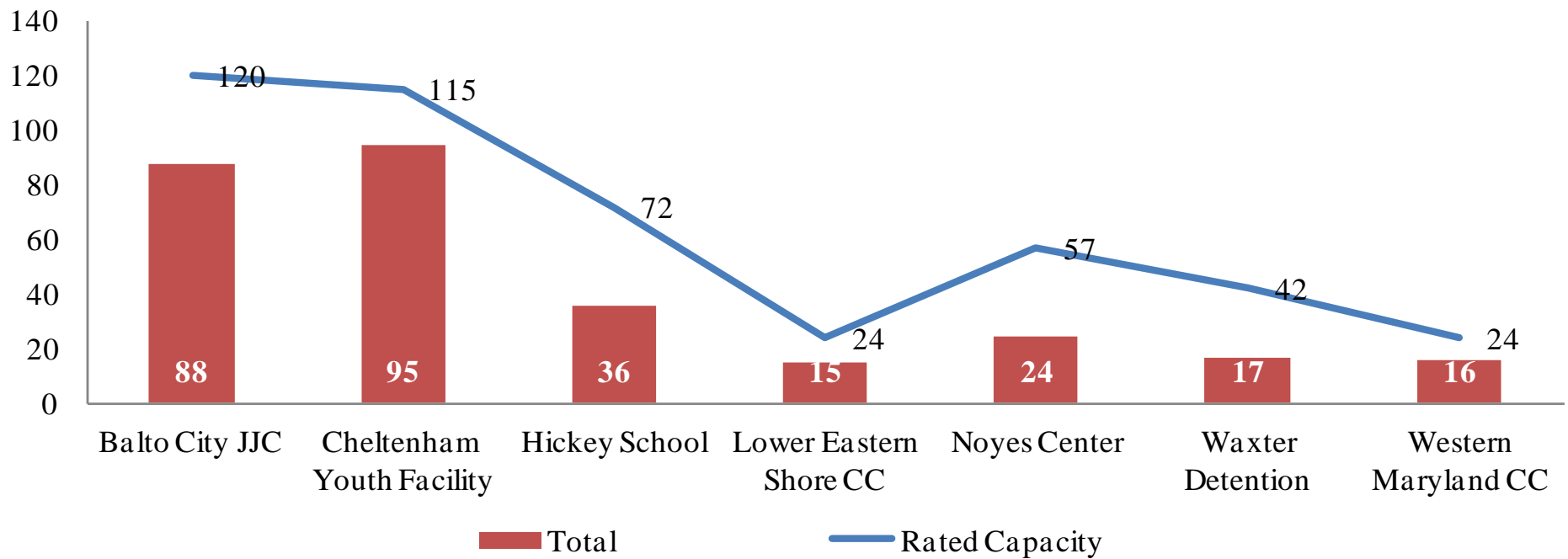
Juvenile Justice Legislation (2014)

Bill#	Bill	Info
SB 485	Prohibition Against Continued Detention	Prohibits the use of secure detention for children 11 years old and younger
SB 515	Transfer of Cases to Juvenile Court	Repeals a provision that prohibits a court exercising criminal jurisdiction in a case involving a youth to transfer the
SB 116	Committed Facilities – Repeal of Termination	Repeals the termination of specified provisions of law authorizing the Department of Juvenile Services to transfer a child committed to residential placement from a specified facility to another facility under specified circumstances
SB 122	Detention – Community Detention Violation Hearings	Requires an intake officer who authorized detention of a child for a violation of community detention to immediately file a petition to authorize continued detention; requiring that a hearing on a specified petition be held no later than the next court day unless extended under specified circumstances; and requiring notice of the hearing be given to specified persons
HB1294/SB757	Transfer Determinations – Confinement in Juvenile Facilities	Requires a court exercising adult criminal jurisdiction in a case involving a youth to order the youth to be held in a secure juvenile facility pending jurisdictional determination except under specified circumstances
HB342/SB476	Seeking Medical Assistance for Another Who Ingested Alcohol or Drugs-Minors	Provides that a minor who, in good faith, seeks medical assistance for another person who is experiencing a medical emergency after ingesting alcohol or drugs may not be charged with or prosecuted for drug possession or underage possession of alcohol, be detained on an outstanding warrant for another nonviolent crime under specified circumstances, or be required to provide any personal identifying information for any purpose other than assisting in the medical treatment of the person experiencing a medical emergency

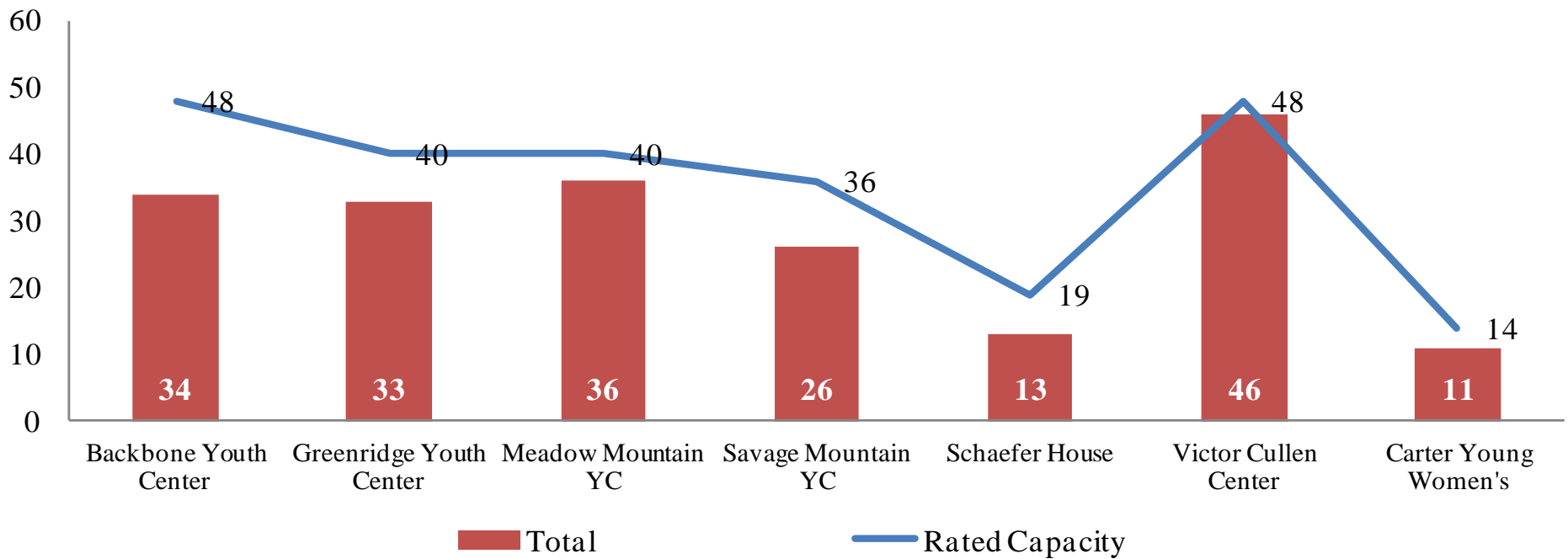
Total Youth AWOLs over 24 Hours



State Operated Detention Population



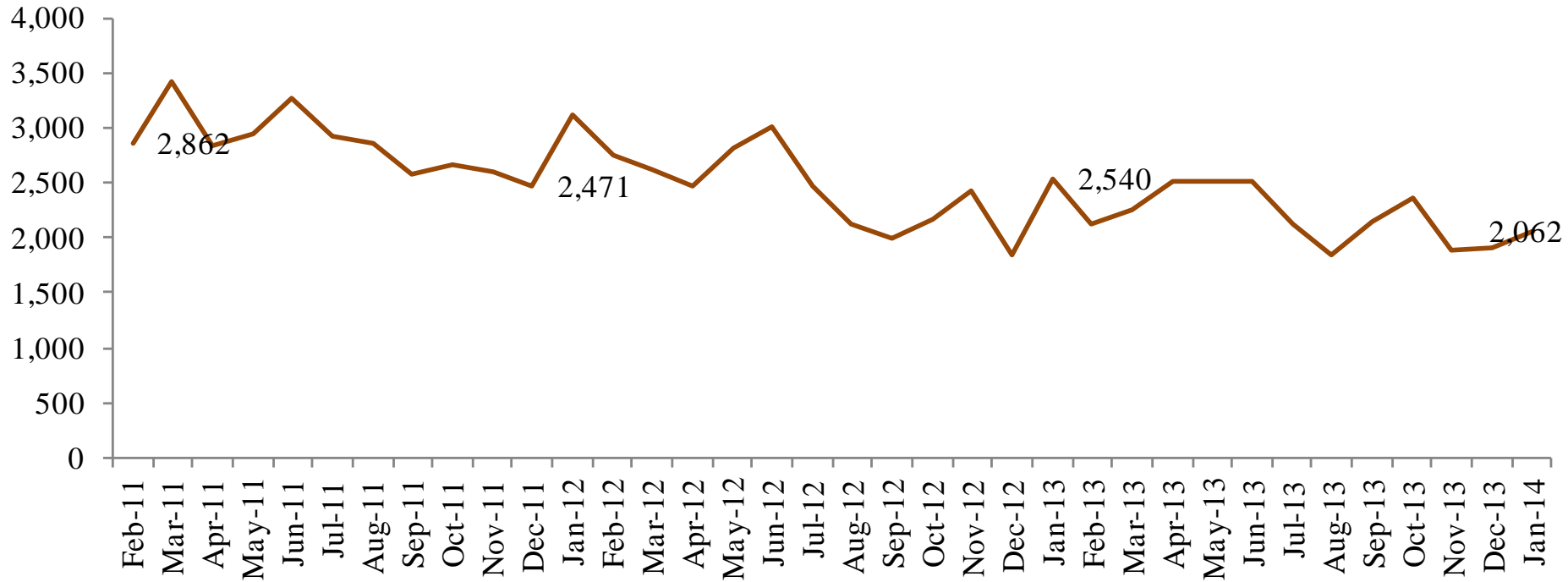
State Operated Committed Population



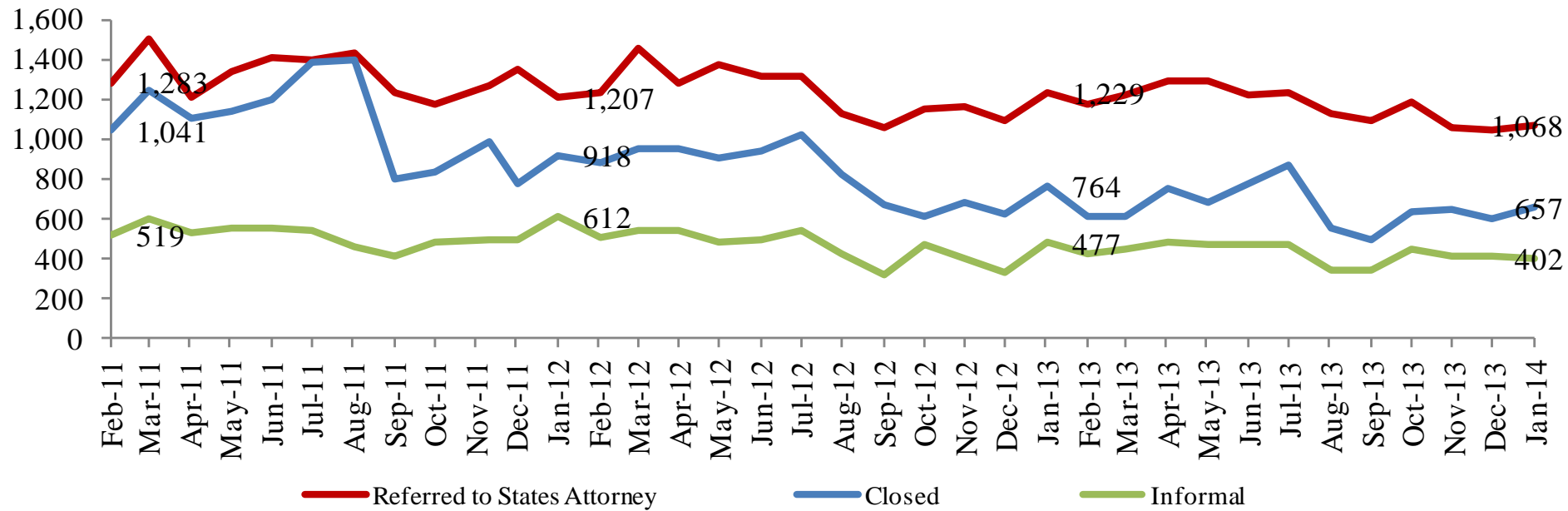
JJMU Recommendations

Action:	Summary:
Enhance staff training, pay, retirement benefits and education qualifications	All DJS staff should be treatment specialists. To that end, DJS entry level training should be founded on an evidence-based, trauma-informed model of care. Baseline pay and retirement benefits should be equal to state employees in other comparable state agencies. DJS staff should also have access to educational benefits to further professionalize the workforce.
Commission a treatment utilization study	In order to right size the system and ensure that only youth who cannot be served in the community are in out-of-home placements, the Department should examine which youth are in residential facilities and why. The results of the study should inform the distribution of treatment resources across the state. Ineffective facilities should be phased out of the system.
Provide effective treatment services to youth at home	Youth who can be served at home should have access to individualized and evidence-based services in small, non-restrictive (non-residential) settings located within their communities. Intensive and individualized mental health services should be offered through the state and local human services agencies in community-based settings.
Increase the quality of services provided in remaining residential facilities	All residential facilities should offer evidence-based treatment programs in small, non-restrictive settings that provide trauma-informed services to youth and staff. All of the components of the programs, including staff training and crisis intervention techniques, should be in accord with the ultimate goal of providing individualized, evidence-based and trauma-informed treatment.

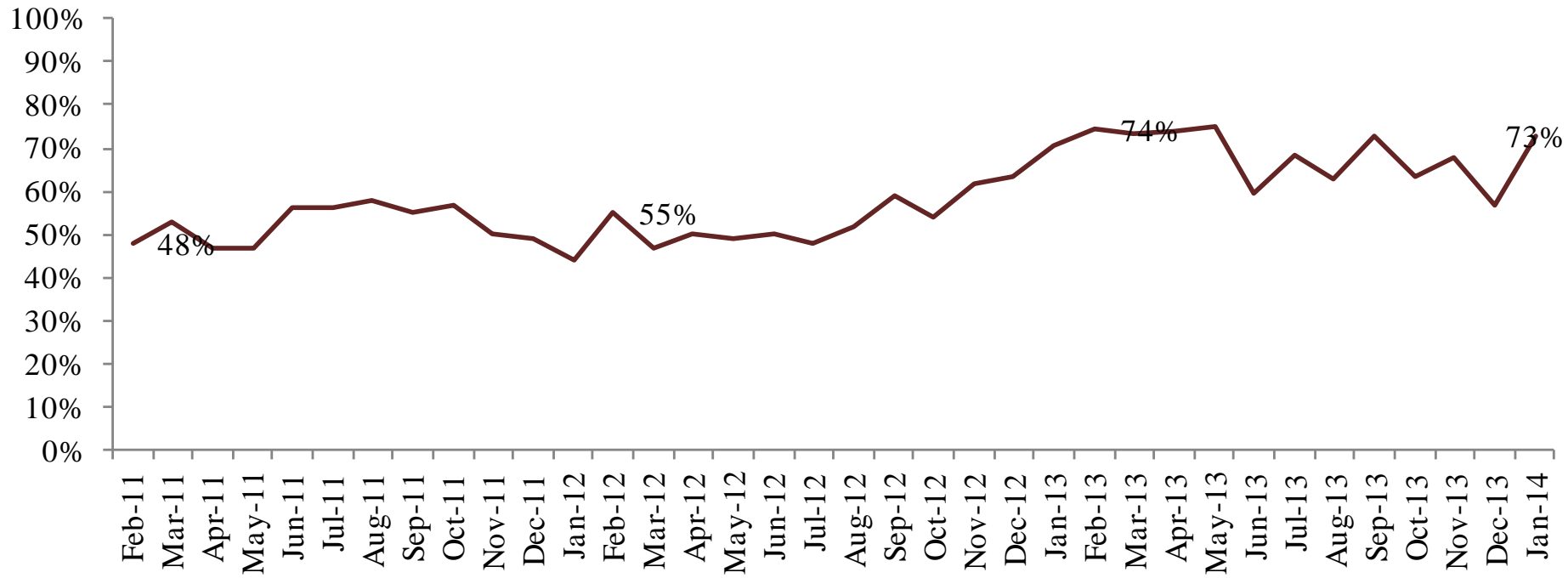
Intake Referrals



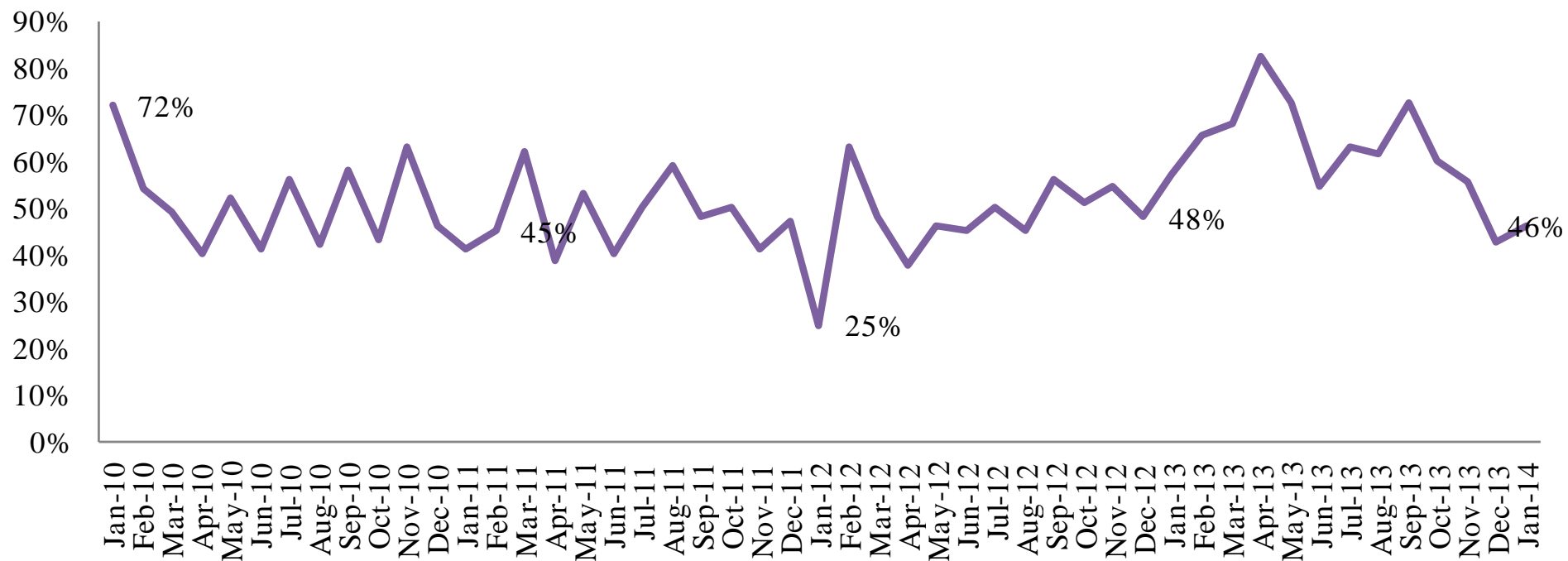
Intake Decisions



Pending Placement Releases Under 30 Days



Metro Region, Pending Placement < 30 Days



Committed Out-of-State ADP

